U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received: AUG 29 2011 (20-JUN-2011)

Repository ☐

Reference No. 10407497

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City: AKRON | State: OH | Zip Code: [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number: Same

E-mail Address [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KNAGD128145[redacted]	KIA	OPTIMA	2004

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
8-1-2008	Courtesy KIA of Alliance	6	unleaded

Original Owner	Dealer's City	State	Zip Code
☐	Alliance	OH	44601

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control		yes Suspension/Frame	19-JUN-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 021000 SUSPENSION: FRONT	Failure Mileage	Failure Speed
020 1/2 Passenger front wheel broke	85854	10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2004 KIA OPTIMA. WHILE DRIVING APPROXIMATELY 10 MPH, AN EXTREMELY LOUD SOUND OF METAL TO METAL EMITTED OUTSIDE OF THE VEHICLE. THE CONTACT DROVE ONTO THE EMERGENCY LANE AND NOTICED THE FRONT DRIVER'S SIDE SUSPENSION AND FRAME COMPLETELY FRACTURED DUE TO RUST CORROSION. THE VEHICLE WAS TOWED TO THE RESIDENCE. THE FAILURE WAS ASSOCIATED WITH RECALL NHTSA CAMPAIGN ID NUMBER 09V183000 (SUSPENSION: FRONT); HOWEVER, THE VIN WAS NOT INCLUDED. THE VEHICLE WAS NOT REPAIRED. THE CONTACT PLANNED TO NOTIFY THE MANUFACTURER REGARDING THE DEFECT. THE FAILURE MILEAGE WAS 85,854. I was less than 10 minutes removed from Highway I could have easily been killed, wheel Front Passenger completely Broke off!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY